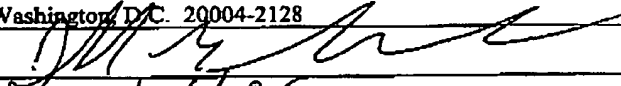



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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 09/813,808 |
| | | Filing Date | 22 March 2001 |
| | | First Named Inventor | Robert MAERZ |
| | | Group Art Unit | 3624 |
| | | Examiner Name | Olabode Akintola |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 044129-001000 |

| ENCLOSURES (check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number. | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | Jeff E. Schwartz, Reg. No. 39,019 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128 |
| Signature |  |
| Date | 12/14/06 |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] | |
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and
CORRESPONDENCE ADDRESS
INDICATION FORM

| | |
|-------------------------|-------------------------------------|
| Application Number | 02/813,803 |
| Filing Date | 22 March 2001 |
| First Named Inventor | Robert W. RZE |
| Title | Method and system for clearing tabs |
| Art Unit | 3324 |
| Examiner Name | O. Adams |
| Attorney Contact Number | 044133-071000 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Person associated with the Customer Number:

22204

OR

☐ Person(s) named below:

| Name | Registration Number |
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| Telephone | Ext | | |

I am that:

☒ Applicant/Inventor.

☐ Agent of record of the entire treatise. See 37 CFR 3.71.

Signature Under 37 CFR 3.72(b) is enclosed. (Form PTO/SB/02)

SIGNATURE of Applicant or Agent of Record

| | | | |
|-------------------|---------------------|-----------|--------------|
| Signature | <i>Edward S. P.</i> | Date | 11-6-06 |
| Name | Edward S. P. | Telephone | 714-323-5697 |
| Title and Company | Applicant/Inventor | | |

NOTE: Signature of all the persons or assignors of record of the entire treatise or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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| | |
|------------------------|-------------------------------------|
| Application Number | 09/813,808 |
| Filing Date | 22 March 2001 |
| First Named Inventor | Robert MAERZ |
| Title | Method and system for offering tele |
| Art Unit | 3624 |
| Examiner Name | O. Akintola |
| Attorney Docket Number | 044129-001000 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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☐ Practitioner(s) named below:

| Name | Registration Number |
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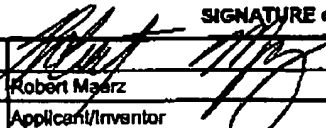
Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|----------------|
| Signature |  | Date | 9/17/06 |
| Name | Robert Maerz | Telephone | (703) 729-3642 |
| Title and Company | Applicant/Inventor | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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